



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES
DONATION TO CATASTROPHIC LEAVE
(Reference: Personnel Policy 5.4)

COMPLETED BY DONOR

I wish to donate accrued leave hours to: _____
Employee Name (please print)

Position Title

Department/Bureau/Division

I understand that I may donate a total of 40 hours of accrued leave within a calendar year. I also understand that the transfer of donations (sick leave, overtime, personal holiday, in-lieu holiday, vacation), is irrevocable upon approval of the Department of Human Resources.

Total amount of donation, in whole hours

Hours: * Sick Leave _____ Overtime _____ Personal Holiday _____ In-lieu Holiday _____ Vacation _____
* The usage of Sick Leave for family members is subject to all regulations contained in the applicable MOU.

Donor Name (please print)

Social Security Number

Classification

Department/Bureau/Division

Donor Signature

Date

Work Phone Number

COMPLETED BY DONOR'S DEPARTMENT

☐ **APPROVED**

☐ **DENIED** I have denied the donor's request because: _____

I have discussed the reason(s) for denial with the donor: Yes _____ No _____

Supervisor Signature

Date

Department Head Signature

Date

(Forward all requests to the Department of Human Resources)

COMPLETED BY HUMAN RESOURCES DEPARTMENT

☐ **APPROVED**

☐ **DENIED**

Comments:

Director of Human Resources or Designee

Date

Date sent to Central Payroll _____ Date returned to department _____